

have the natural aptitude for the practice of their profession, and if they have acquired a foundation of knowledge upon which they have the desire to erect a great and permanent superstructure. they are to be thrice congratulated. Such we heartily congratulate for their own sakes, for the sake of their future patients, and for the profession at large.

If, on the other hand, any of the graduates of this year have not laid a solid foundation of knowledge, if they are not determined to add to their store of knowledge, if they have not in large measure the natural aptitude for the profession, without which success in the highest sense is impossible, if they are not guided and controlled by that spirit which makes the arduous life of a physician a continuous pleasure, and the absence of which renders his whole life a grievous burden hard to be borne, then we cannot congratulate them, but most sincerely do we commiserate them. Such an one cannot be a success—his life as a physician must of necessity be a failure. In his own interests, in the interests of the public, it were better that such an one would even at this late date in his career change his occupation and enter upon some other where the essentials of a true physician are not necessary to success. There he may succeed. In medicine he must fail.

PATHOLOGY OF ACUTE PNEUMONIA, ESPECIALLY AS TO DISTRIBUTION OF LESION.

Read before the Kingston Medical and Surgical Society.

MR. PRESIDENT, GENTLEMEN,—I was led to devote extra time to this subject on account of some cases of pneumonia coming under my notice which presented throughout somewhat misleading clinical signs. A microscopic examination of the sputum revealed the presence of the *Diplococcus Pneumoniae* in each case. These variations in clinical signs obviously depended upon differences in the pathology, either as to situation or kind of lesion.

While it would be unwise to invent terms differentiating each of these conditions, yet a clear conception of the pathology